



INSTRUCTIONS FOR COMPLETING PROPOSAL FORMS

All proposals must be typed in black ink and submitted in the format described. Type must not be smaller than 10 point size. No photographic or graphic enhancements are allowed on the application forms.

Applicants should include all necessary and important information **on the designated forms**. Applicants must use the forms in the official Request for Proposal booklet or from the compact disk. Supplementary materials such as brochures and newsletters are not forwarded to panelists but are made available at the panel meetings.

NOTE: Omitted information or errors in calculation can make it difficult for panelists to assess your project accurately and may result in no funding or less funding.

I. Applicant Profile Form

The name of the organization that is submitting and signing the proposal form must be identical to that on the IRS determination letter of tax exemption and as registered with the Business Registration Division of the Department of Commerce and Consumer Affairs.

II. Proposal Forms

Applicants must complete a separate application for each program area for which a project is being proposed. Applicants who may propose more than one project in one or more program areas may do so but a separate application must be completed for each.

A. Project Title: Give a title to the project or program proposed, not to exceed 40 spaces. If proposed activities represent general operational support of your organization, include the word **"Basic"** as part of your title. (Only one "Basic" proposal per organization per year is allowable. For the FY2003–2004 and 2004–2005 biennium, "Basic" proposals only will be considered for organizations with operating budgets of less than \$500,000.)

B. Name: The name on this application

should be the same as that on the Profile Form.

Contact Person: Should be someone who can answer questions that SFCA staff and review panels may have regarding this proposal and who is available throughout the entire review period.

Phone & Fax Numbers/E-Mail: The contact person should be available at these numbers during the review period and on the day the panel is reviewing this project, should there be any questions.

C. Project Period: Project dates should be **within** a single and appropriate fiscal year.

D. Program Area (Discipline): Indicate the program area in which the proposal is submitted.

E. Project Race: Indicate if the project for which you seek funding clearly emphasizes the culture or traditions of any one race. If your project does not emphasize the culture or traditions of one race, please code it as "General." If you seek or receive support for administrative or artistic expenses for many projects and cannot use one racial code, please code these projects also as "General" or "G".

F. Islands Served: Check those directly served by the proposed project.

G. Description of Proposed Project: Describe clearly and precisely the project, program, and/or activities proposed to be carried out with funds requested from the SFCA. Include the dates and locations of the activities, and specific artists, scholars, educators, community resource persons, or other professionals or specialists, directly involved in the project or program proposed, along with single-page resumés. Clarify roles if one person does more than one job. (Use additional sheets if necessary.)

H. Individuals Benefiting: Estimate the total audience, participants, students, etc. (excluding employees and/or paid performers) that are anticipated to benefit directly from this project.

I. Artists Participating: Estimate the total number of artists directly involved in providing art or artistic services specifically identified with the project, including artists whose work is represented.

J. Other Professionals Participating:

Estimate the number of employees or other individuals involved in carrying out the project.

K. Need and Impact: Explain the need for this project in the community. Describe the impact of the services, the intended target group or audience, and the number of individuals who are expected to benefit. Include any specific plans that you may have to reach special or underserved audiences.

L. Publicity: Explain clearly and specifically how the activities and events proposed will be publicized.

M. Evaluation: Explain how the proposed project or program will be evaluated. Indicate quantifiable measures (e.g., number of performances planned and completed, percent and type of ratings from audience surveys, or hours of class time.) Include the planned measures against which you will evaluate activities in your project or program description (e.g., 30 performances or 5 weekly classes of 1½ hours for 40 weeks.)

N. Proposed Budget—Expenses (indicate figures in dollars, no cents):

List and identify the anticipated expenses for each item in the first column, "Total Cash Expenses," and the portion of the cash expenses that will be paid with SFCA funds being requested in the second column, "SFCA Share." In the third column list in-kind (non-cash) contributions to the project.

For a project that is titled **"Basic"** the proposed budget submitted should be your organization's overall operating budget excluding special projects, capital expenditures, and endowments.

If you summarize any or all items on this SFCA form, provide a budget breakdown as an attachment.

1. Personnel Costs (Employees)

a. Administrative Payment for employee salaries, wages, and benefits specifically identified with the project for executive and supervisory administrative staff, program directors, managing directors, business managers, press agents, clerical staff such as secretaries, typists, bookkeepers, and support personnel such as maintenance and security staff, ushers, and other front-of-the-house and box office personnel.

See example below.

Example: Payment for Employee Salaries				
No. of persons	Rate	x	No of hrs	Total
1	\$5.00	x	100 / hrs	\$500
				SFCA Share
				\$250

b. Artistic/Professional Payments for employee salaries, wages, and benefits specifically identified with the project, for artistic directors, conductors, curators, dance masters, composers, choreographers, designers, video artists, film makers, painters, poets, authors, historians, archivists, sculptors, graphic artists, actors, dancers, singers, musicians, instructors, puppeteers, or others.

c. Technical/Production Payments for employee salaries, wages, and benefits specifically identified with the project, for technical management and staff, such as technical directors; wardrobe, lighting and sound crew; stage managers, stage hands; video and film technicians; exhibit designers, preparators, and installers.

2. Outside (Non-Employee) Fees and Services

a. Artistic/Professional Payments to firms or persons for the services of individuals who are not normally considered employees of the applicant but consultants, or the employees of other organizations, whose services are specifically identified with the project. Include artistic directors, conductors, curators, historians, archivists, dance masters, composers, choreographers, designers, video artists, film makers, painters, poets, authors, sculptors, graphic artists, actors, dancers, singers, musicians, teachers, instructors, etc., serving in non-employee/non-staff capacities.

b. Other Payments to firms or persons for non-artistic/professional services of individuals who are not normally considered employees of the applicant but consultants or the employees of other organizations, whose services are specifically identified with the project.

3. Other Expenses

a. Space Rental Costs specifically identified with the project for rental office, rehearsal, theater, hall, gallery and other such spaces.

b. Travel Costs for travel of specifically identified individual(s) in the project. Include number of persons and their travel destination to and from, per diem, fares, taxis, mileage allowances on personal vehicles, car rental costs, etc. For transportation not connected with the travel of personnel such as trucking, shipping, or hauling expenses, see item (d) "Remaining Operating Expenses."

c. Marketing (Promotion) Costs for marketing/publicity/promotion specifically identified with the project. Include costs of newspaper, radio and television advertising, typesetting, printing and mailing of brochures, flyers and posters, and space rental when directly connected to publicity, advertising, or promotion.

d. Remaining Operating Expenses Costs of specifically identified supplies and materials not entered in other categories and necessary to the project. May include scripts and scores, lumber and nails, paints and brushes, sets and props, costumes, equipment rental, and archival or conservation supplies.

Specified expenses not entered in other categories and identified with the project may include electricity, telephone and telegraph, postage, storage, interest charges, insurance fees, trucking, non-structural renovations or improvements, and shipping and hauling expenses.
(Note that some of these expenses do not qualify for SFCA funding.)

0. Proposed Budget—Cash Income (Indicate figures in dollars, no cents):

List the anticipated cash income and identify the sources for each item.

Indicate whether the funds have been awarded or are pending.

1. Fees Collected

a. Admissions and Fees Income expected from the sale of admissions, tickets, subscriptions, memberships, registration fees, or other items, for events or activities attributable or prorated to the project.

b. Contracted Services Revenue

Projected fees from the sale of services. Include the sale of workshops, etc., to other community organizations, government contracts for specific services (DO NOT INCLUDE SFCA REQUEST HERE), performances, residency fees, or tuition.

2. Private Corporate or Foundation Support

Cash contributions expected for this project from businesses, corporations, or private foundations or a proportionate share of such contributions allocated to this project.

a. Other Private Contributions Cash donations expected from groups or individuals for this project or a proportionate share of general donations allocated to this project. Include gross proceeds from fund-raising events. Do not include corporate, foundation, or government contributions and grants.

3. Federal Grants or Awards Cash grants or appropriations given for this project by agencies of the federal government or a proportionate share of such grants or appropriations allocated to this project.

4. State/Regional/County Support Cash grants, appropriations, or awards given for this project (other than those requested from SFCA) by agencies of the state government, county, and/or multi-state consortiums of state agencies, or a proportionate share of such grants, appropriations, or awards allocated to this project. (DO NOT INCLUDE SFCA REQUEST HERE.)

5. Other Revenue Cash income from sources other than those listed above. Include investment income, catalog sales, advertising space in programs, gift shop income, concessions, parking, sales of products, posters, T-shirts, or other.

6. Applicant Cash Funds from the applicant's accumulated resources that applicant plans to provide to the proposed project.



PROFILE FORM

Name of Applicant Organization _____

Address _____

City _____ State _____ Zip + 4 _____

Congressional District _____ State Senate District _____ State House District _____

Principal Administrative Officer _____ Title _____

Phone _____ Fax _____ E-mail _____

A Is your organization non-profit and determined to be tax-exempt by the IRS? ☐ Yes ☐ No

B GRANTEE RACE (federal reporting requirement) *Check One*
(Racial composition of staff, or board, or membership)

- ☐ N 50% or more Native American/Alaskan Native
- ☐ A 50% or more Asian/Pacific Islander
- ☐ B 50% or more Black, not Hispanic
- ☐ H 50% or more Hispanic
- ☐ W 50% or more White, not Hispanic
- ☐ G General (50% or more are not of a single racial group)

C ACCESSIBILITY PROFILE

The SFCA encourages programs and activities to be readily accessible and usable by older adults and persons with disabilities (such as, but not limited to, learning disabilities; physical, emotional or mental disabilities; or persons with life threatening diseases). Please indicate below the accommodations you make possible to reach these constituencies:

- ☐ Scheduling, such as special tours, viewings, or visits
- ☐ Services such as sign language interpretation, wheel chair availability, provided transportation
- ☐ Adapted materials such as print in large type, closed captioned videotapes, and/or audiotapes of performances, exhibits, lectures, etc.
- ☐ Programming such as classes, lecture demonstrations, etc. for audiences with special needs
- ☐ Tickets/admission discounts
- ☐ Other, specify: _____

SFCA USE ONLY – DO NOT WRITE IN THIS AREA

☐ Eligible ☐ Ineligible

APPLICANT NUMBER: _____



PROFILE FORM (c o n t .)

D BRIEF DESCRIPTION OF THE ORGANIZATION

1. Year Founded:
2. Purpose/Mission Statement of the Organization:
3. Major Activities and Attendance Levels:
4. Description of Management and Artistic Staff including board members: *A list may be attached.*

E MEMBERSHIP PROFILE

If you are a membership organization, indicate your current membership count by:

No. of individuals _____ No. of organizations _____

PROFILE FORM (c o n t .)

F SOURCES OF INCOME FOR LAST COMPLETE FISCAL YEAR: Year _____

Admission and Other Fees	_____
Fees from Contractual Services	_____
Corporate and/or Foundation Support	_____
Other Private Support (Individuals)	_____
Government Support – Federal *	_____
Government Support – State/Regional/County *	_____
Membership Revenue	_____
Other Revenue (Specify)	_____
_____	_____
_____	_____
_____	_____
Subtotal Cash Income	_____
SFCA Amount Received (if applicable) **	_____
TOTAL CASH INCOME	_____

G ORGANIZATION'S TOTAL OPERATING BUDGET:

	Most Recently Completed Fiscal Year	Estimate for Fiscal Year 2002–2003	Estimate for Fiscal Year 2003–2004
Operating Income	_____	_____	_____
Operating Expenses	_____	_____	_____

H OTHER SFCA PROPOSAL SUBMITTED DURING THIS APPLICATION PERIOD:

Title _____

Discipline Area _____

Amount Requested _____

* Include all grants, awards, and appropriations **except** SFCA awards

Include SFCA amount after Subtotal Cash Income

** Include SFCA amount received in the last complete fiscal year

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PROPOSAL FORM

(JULY 1, 2003 - JUNE 30, 2004)

A PROJECT TITLE _____
Maximum 40 characters

B NAME OF ORGANIZATION _____
Address _____
City _____ State _____ Zip _____
Project Director _____ Phone _____
Fax _____ E-Mail _____
Contact Person _____ Title _____
Available From (Date to Date) _____ Phone (Day) _____
Fax (Day) _____ E-Mail _____

C PROJECT PERIOD
Start Date _____ End Date _____
Month Day Year Month Day Year

D PROGRAM AREA/DISCIPLINE: *Check one*

- ☐ AE Arts in Education
- ☐ CA Community Arts
- ☐ DA Dance
- ☐ EH Ethnic Heritage
- ☐ HH History and Humanities
- ☐ LA Literary Arts
- ☐ MA Media Arts
- ☐ MO Music/Opera
- ☐ PR Presenting
- ☐ TH Theater
- ☐ VA Visual Arts

E PROJECT RACE (federal reporting requirement) *Check One*
(Project clearly emphasizes the traditions or culture of one particular race)

- ☐ N Native American/Alaskan Native
- ☐ A Asian/Pacific Islander
- ☐ B Black, not Hispanic
- ☐ H Hispanic
- ☐ W White, not Hispanic
- ☐ G General (not clearly reflective of a single group)

F ISLANDS SERVED DIRECTLY BY THIS PROJECT

- ☐ Hawai'i ☐ Kaua'i ☐ Lana'i ☐ Maui ☐ Moloka'i ☐ O'ahu

PROPOSAL FORM (c o n t .)

(J U L Y 1 , 2 0 0 3 - J U N E 3 0 , 2 0 0 4)

G DESCRIPTION OF PROPOSED PROJECT

Describe clearly and precisely the project, program, and/or activities proposed to be carried out with funds requested from SFCA. As part of your narrative, you **MUST INCLUDE A LIST** of the dates and locations of your proposed activities and specific artists, scholars, instructors, community resource persons, and other professionals or specialists directly involved in the project or program proposed.

(Attach additional sheets if necessary).

H NUMBER OF INDIVIDUALS BENEFITING (estimate) _____

(Total audience, participants, students, etc., *excluding* employees and/or paid performers)

I NUMBER OF ARTISTS PARTICIPATING (estimate) _____

J NUMBER OF OTHER PROFESSIONALS PARTICIPATING (estimate) _____

PROPOSAL FORM (c o n t .)

(J U L Y 1 , 2 0 0 3 - J U N E 3 0 , 2 0 0 4)

ANSWER ALL ONLY IN THE SPACE PROVIDED. PLEASE BE SPECIFIC.

K NEED AND IMPACT OF THE PROJECT: What is the need in the community for this project? Who will benefit from the project and how? How did you work with the community to develop the proposal? Will new or special audiences be reached?

L PUBLICITY: Explain clearly and specifically how the project will be publicized and to which specific audiences.

M EVALUATION: Indicate clearly and specifically the quantitative and qualitative measurements to be used in evaluating this project.

P R O P O S A L F O R M (c o n t .)

(J U L Y 1 , 2 0 0 3 - J U N E 3 0 , 2 0 0 4)

N PROPOSED BUDGET – EXPENSES

1. Personnel Costs (Employees)	No. of persons	Rate of pay	No. of hrs. (unless fee based)	= Total Cash Expenses (incl. SFCA share)	SFCA Share	In-Kind \$ Value (but non-cash)
a. Administrative						
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
b. Artistic/Professional						
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
c. Technical/Production						
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
2. Outside (Non-Employee) Fees and Services						
a. Artistic/Professional						
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
b. Other						
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
3. Other Expenses						
a. Space Rental						
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
b. Travel						
Transportation						
No. of Persons:	_____	From: _____	To: _____	\$ _____	\$ _____	\$ _____
	_____	From: _____	To: _____	\$ _____	\$ _____	\$ _____
	_____	From: _____	To: _____	\$ _____	\$ _____	\$ _____
Per Diem						
No. of Persons:	_____	x \$ _____	x _____	\$ _____	\$ _____	\$ _____
	_____	x \$ _____	x _____	\$ _____	\$ _____	\$ _____
	_____	x \$ _____	x _____	\$ _____	\$ _____	\$ _____
Other						
_____				\$ _____	\$ _____	\$ _____
c. Marketing (Promotion)						
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
d. Remaining Operating Expenses						
Supplies and Materials						
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
Other Expenses						
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
TOTALS				\$ _____	\$ _____	\$ _____

PROPOSAL FORM (c o n t .)

(J U L Y 1 , 2 0 0 3 - J U N E 3 0 , 2 0 0 4)

0 PROPOSED BUDGET – INCOME

1. Fees Collected

a. Admission and Fees

Cash Revenue

_____	persons	x \$	_____	per	_____	\$	_____
_____	persons	x \$	_____	per	_____	\$	_____
_____	persons	x \$	_____	per	_____	\$	_____
_____	persons	x \$	_____	per	_____	\$	_____
_____	persons	x \$	_____	per	_____	\$	_____

b. Contracted Services

_____	\$	_____
_____	\$	_____

2. Private Corporate or Foundation Support

_____	\$	_____
_____	\$	_____
_____	\$	_____

a. Other Private Contributions

_____	\$	_____
_____	\$	_____
_____	\$	_____

3. Federal Grants or Awards

_____	\$	_____
_____	\$	_____
_____	\$	_____

4. State/Regional/County Support (*list individually*)

_____	\$	_____
_____	\$	_____
_____	\$	_____

5. Other Revenue

_____	\$	_____
_____	\$	_____
_____	\$	_____

6. Applicant Cash (*including trust funds*)

_____	\$	_____
_____	\$	_____
_____	\$	_____

Subtotal	\$	_____
SFCA Funds requested for this project	\$	_____

TOTAL CASH REVENUE \$ _____

P R O P O S A L F O R M (c o n t .)

(J U L Y 1 , 2 0 0 3 - J U N E 3 0 , 2 0 0 4)

CERTIFICATION

The information contained in this Form is correct to the best of my knowledge and has been duly authorized by the governing body of the applicant based on the terms, conditions and specifications set forth in the SFCA Grant Guidelines. I understand that this form must be submitted to the State Foundation on Culture and the Arts **prior to 4:30 p.m. on November 22, 2002** or **postmarked no later than November 22, 2002.**

Authorizing Official(s):

Signature _____ Date _____

Name (PRINT OR TYPE) _____

Title _____

Telephone (Res.) _____ (Bus.) _____ Fax _____

Signature _____ Date _____

Name (PRINT OR TYPE) _____

Title _____

Telephone (Res.) _____ (Bus.) _____ Fax _____

PROPOSAL FORM

(JULY 1, 2004 - JUNE 30, 2005)

A PROJECT TITLE _____
Maximum 40 characters

B NAME OF ORGANIZATION _____
Address _____
City _____ State _____ Zip _____
Project Director _____ Phone _____
Fax _____ E-Mail _____
Contact Person _____ Title _____
Available From (Date to Date) _____ Phone (Day) _____
Fax (Day) _____ E-Mail _____

C PROJECT PERIOD
Start Date _____ End Date _____
Month Day Year Month Day Year

D PROGRAM AREA/DISCIPLINE: *Check one*

- ☐ AE Arts in Education
- ☐ CA Community Arts
- ☐ DA Dance
- ☐ EH Ethnic Heritage
- ☐ HH History and Humanities
- ☐ LA Literary Arts
- ☐ MA Media Arts
- ☐ MO Music/Opera
- ☐ PR Presenting
- ☐ TH Theater
- ☐ VA Visual Arts

E PROJECT RACE (Federal reporting requirement) *Check One*
(Project clearly emphasizes the traditions or culture of one particular race)

- ☐ N Native American/Alaskan Native
- ☐ A Asian/Pacific Islander
- ☐ B Black, not Hispanic
- ☐ H Hispanic
- ☐ W White, not Hispanic
- ☐ G General (not clearly reflective of a single group)

F ISLANDS SERVED BY THIS PROJECT

- ☐ Hawai'i
- ☐ Kaua'i
- ☐ Lana'i
- ☐ Maui
- ☐ Moloka'i
- ☐ O'ahu

PROPOSAL FORM (c o n t .)

(J U L Y 1 , 2 0 0 4 - J U N E 3 0 , 2 0 0 5)

G DESCRIPTION OF PROPOSED PROJECT

Describe clearly and precisely the project, program, and/or activities proposed to be carried out with funds requested from SFCA. As part of your narrative, you **MUST INCLUDE A LIST** of the dates and locations of your proposed activities and specific artists, scholars, instructors, community resource persons, and other professionals or specialists directly involved in the project or program proposed.

(Attach additional sheets if necessary).

H NUMBER OF INDIVIDUALS BENEFITING (estimate) _____
(Total audience, participants, students, etc., *excluding* employees and/or paid performers)

I NUMBER OF ARTISTS PARTICIPATING (estimate) _____

J NUMBER OF OTHER PROFESSIONALS PARTICIPATING (estimate) _____

PROPOSAL FORM (c o n t .)

(J U L Y 1 , 2 0 0 4 - J U N E 3 0 , 2 0 0 5)

ANSWER ALL ONLY IN THE SPACE PROVIDED. PLEASE BE SPECIFIC.

K NEED AND IMPACT OF THE PROJECT: What is the need in the community for this project? Who will benefit from the project and how? How did you work with the community to develop the proposal? Will new or special audiences be reached?

L PUBLICITY: Explain clearly and specifically how the project will be publicized and to which specific audiences.

M EVALUATION: Indicate clearly and specifically the quantitative and qualitative measurements to be used in evaluating this project.

P R O P O S A L F O R M (c o n t .)

(J U L Y 1 , 2 0 0 4 - J U N E 3 0 , 2 0 0 5)

N PROPOSED BUDGET – EXPENSES

1. Personnel Costs (Employees)	No. of persons	Rate of pay	No. of hrs. (unless fee based)	= Total Cash Expenses (incl. SFCA share)	SFCA Share	In-Kind \$ Value (but non-cash)
a. Administrative						
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
b. Artistic/Professional						
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
c. Technical/Production						
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
2. Outside (Non-Employee) Fees and Services						
a. Artistic/Professional						
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
b. Other						
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____	\$ _____	\$ _____	\$ _____
3. Other Expenses						
a. Space Rental						
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
b. Travel						
Transportation						
No. of Persons:	_____	From: _____	To: _____	\$ _____	\$ _____	\$ _____
	_____	From: _____	To: _____	\$ _____	\$ _____	\$ _____
	_____	From: _____	To: _____	\$ _____	\$ _____	\$ _____
Per Diem						
No. of Persons:	_____	x \$ _____	x _____	\$ _____	\$ _____	\$ _____
	_____	x \$ _____	x _____	\$ _____	\$ _____	\$ _____
	_____	x \$ _____	x _____	\$ _____	\$ _____	\$ _____
Other						
_____				\$ _____	\$ _____	\$ _____
c. Marketing (Promotion)						
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
d. Remaining Operating Expenses						
Supplies and Materials						
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
Other Expenses						
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
TOTALS				\$ _____	\$ _____	\$ _____

PROPOSAL FORM (cont.)

(July 1, 2004-June 30, 2005)

0 PROPOSED BUDGET – INCOME

1. Fees Collected

a. Admission and Fees

Cash Revenue

_____ persons	x \$ _____	per _____	\$ _____
_____ persons	x \$ _____	per _____	\$ _____
_____ persons	x \$ _____	per _____	\$ _____
_____ persons	x \$ _____	per _____	\$ _____
_____ persons	x \$ _____	per _____	\$ _____

b. Contracted Services

_____	\$ _____
_____	\$ _____

2. Private Corporate or Foundation Support

_____	\$ _____
_____	\$ _____
_____	\$ _____

a. Other Private Contributions

_____	\$ _____
_____	\$ _____
_____	\$ _____

3. Federal Grants or Awards

_____	\$ _____
_____	\$ _____
_____	\$ _____

4. State/Regional/County Support (*list individually*)

_____	\$ _____
_____	\$ _____
_____	\$ _____

5. Other Revenue

_____	\$ _____
_____	\$ _____
_____	\$ _____

6. Applicant Cash (*including trust funds*)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Subtotal	\$ _____
SFCA Funds requested for this project	\$ _____

TOTAL CASH REVENUE \$ _____

P R O P O S A L F O R M (c o n t .)

(J U L Y 1 , 2 0 0 4 - J U N E 3 0 , 2 0 0 5)

CERTIFICATION

The information contained in this Form is correct to the best of my knowledge and has been duly authorized by the governing body of the applicant based on the terms, conditions and specifications set forth in the SFCA Grant Guidelines. I understand that this form must be submitted to the State Foundation on Culture and the Arts **prior to 4:30 p.m. on November 22, 2002** or **postmarked no later than November 22, 2002.**

Authorizing Official(s):

Signature _____ Date _____

Name (PRINT OR TYPE) _____

Title _____

Telephone (Res.) _____ (Bus.) _____ Fax _____

Signature _____ Date _____

Name (PRINT OR TYPE) _____

Title _____

Telephone (Res.) _____ (Bus.) _____ Fax _____

STATEMENT IN LIEU OF SUBMITTAL OF ELIGIBILITY DOCUMENTATION

Note: If your organization is *currently funded* by the SFCA you may submit either of these statements.

ORGANIZATION _____

ENDORSE AS APPROPRIATE

I certify that the above named organization has previously submitted a copy of its IRS letter of tax exemption; its bylaws and policies describing the manner in which business is conducted, specifying that the governing board has no material conflict and serve without compensation; its policies relating to nepotism, the management of conflict of interest situations; documentation which demonstrates at least one year's experience with the project or in the program or activity area for which the request for grant is being made; its policy on smoking; and a signature authorization. I also certify that there **have been no subsequent changes** to those bylaws or policies as of the date of this certification.

Name _____

Title _____

Signature _____ Date _____

— OR —

I certify that the above named organization has previously submitted a copy of its IRS letter of tax exemption; its bylaws and policies describing the manner in which business is conducted, specifying that the governing board has no material conflict and serve without compensation; its policies relating to nepotism, the management of conflict of interest situations; documentation which demonstrates at least one year's experience with the project or in the program or activity area for which the request for grant is being made; its policy on smoking; and a signature authorization. I also certify that there **have been changes** to those bylaws or policies since the last submission. Copies of all such changes up to the date of this certification are attached.

Name _____

Title _____

Signature _____ Date _____

Note: If your organization is *not currently funded* by the SFCA, you must submit all documents necessary to establish eligibility at the time of application. Please see the Application Requirements on page 3.

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